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|---|------------------------------|--|--|--|----------------------|
| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | | | THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE | | PAGE 1 OF 2 PAGES |
| 1. REQUEST NO. DOJ-ENR01-7-0020 | 2. DATE ISSUED 12/11/2006 | 3. REQUISITION/PURCHASE REQUEST NO. 71501 | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | RATING | |
| 5a. ISSUED BY Dept. of Justice-Enrd | | | 6. DELIVER BY (Date) 12/22/2006 | | |
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS) | | | 7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | |
| NAME Johnnie R. Cusack | | TELEPHONE NUMBER AREA CODE (202) NUMBER 616-9677 | | 9. DESTINATION | |
| 8. TO: | | | a. NAME OF CONSIGNEE Dept. of Justice-Enrd | | |
| a. NAME | | b. COMPANY | | b. STREET ADDRESS 601 D Street NW Rm 2028 | |
| c. STREET ADDRESS | | | c. CITY Washington | | |
| d. CITY | | e. STATE | f. ZIP CODE | d. STATE DC | e. ZIP CODE 20004 |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 12/21/2006 | | IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter. | | | |

11. SCHEDULE (Include applicable Federal, State and local taxes)

| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|--|--|-----------------|-------------|-------------------|---------------|
| 1. | Please provide a price quote for the following: Onsite care for Polycom VS X7400 for the period 12/22/06 to 12/21/07 S/N's: 820547067A1BAK & 820547067A49AK | 2 | ea | | |
| 2. | One Care Remote Maintenance Polycom MGC-25 for the period 12/22/06 to 12/21/07 S/N: 30605 | 1 | ea | | |
| Please answer the following questions as it pertains to the requested items above: Is the product commercially available, off-the-shelf that use external standby power devices, or that contain an internal standby power function? _____ Does product use no more than one watt in their standby power consuming mode? _____ Is this the product with the lowest standby power wattage? _____ | | | | | |

| | | | | | |
|---------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------|------------------|
| 12. DISCOUNT FOR PROMPT PAYMENT | a. 10 CALENDAR DAYS (%) 0% | b. 20 CALENDAR DAYS (%) 0% | c. 30 CALENDAR DAYS (%) 0% | d. CALENDAR DAYS | |
| | | | | NUMBER | PERCENTAGE 0% |

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

| | | | | | | |
|--------------------------------|--|--|--|--|-----------------------|--|
| 13. NAME AND ADDRESS OF QUOTER | | | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | | 15. DATE OF QUOTATION | |
| a. NAME OF QUOTER | | | | | | |
| b. STREET ADDRESS | | | 16. SIGNER | | | |
| c. COUNTY | | | a. NAME (Type or print) | | b. TELEPHONE | |
| d. CITY | | | e. STATE | | f. ZIP CODE | |
| | | | c. TITLE (Type or print) | | NUMBER | |

| | | | | | | | |
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| | In addition please provide the following: | | | | | | |
| 3. | Tax ID Number | | | | | | |
| 4. | ACH Payment Form (Electronic Payment) | | | | | | |
| 5. | Duns number/Central Contractor Registration Verification | | | | | | |
| 12. DISCOUNT FOR PROMPT PAYMENT | | | | a. 10 CALENDAR DAYS (%) 0% | b. 20 CALENDAR DAYS (%) 0% | c. 30 CALENDAR DAYS (%) 0% | d. CALENDAR DAYS NUMBER PERCENTAGE 0% |
| NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached. | | | | | | | |
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| a. NAME OF QUOTER | | | | 16. SIGNER | | b. TELEPHONE | |
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| c. COUNTY | | | | a. NAME (Type or print) | | () | |
| d. CITY | | | | e. STATE | | f. ZIP CODE | |
| | | | | c. TITLE (Type or print) | | NUMBER | |

NOTICE CONCERNING PAYMENTS.

This contract/order is issued for the full Government fiscal year from 12/22/06 through 12/21/07. The Government is prohibited by statute (31 USC 3324) from making advance payments for the services covered by this contract/order. The Contracting Officer has determined that the services required by the contract/order do not fall under any of the exceptions to the advance payments prohibition as listed in FAR 32.404.

Therefore, the contractor may not invoice the full amount of this contract/order in advance of the completion date or end of the period of performance. The contractor may choose what frequency of invoicing (in arrears) is desired, but not less than weekly (e. g., weekly, bi-weekly, monthly, quarterly, annually, etc). Using quarterly invoicing as an example, the Government will make payment for that quarter at the conclusion of that quarter upon receipt of a proper invoice. If the contractor submits an invoice for the full annual amount at any time prior to the expiration of the stated period of performance, the Government will not make full payment until the completion of the entire performance period.

For purposes of the Prompt Payment Act, any invoice for the full amount of the contract/order submitted prior to the completion of the stated period of performance will be considered to have been received on the last day of the stated period of performance of the contract/order.